
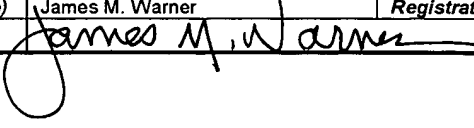


Please type a plus sign (+) inside this box → ☐

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. S0 3585/08 US	
		First Inventor David W. Robertson	
		Title AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF ALZHEIMER'S DISEASE	
		Express Mail Label No. EV 325048550 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 165] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Copy (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets]		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)ii. <input type="checkbox"/> Paper	
5. <input type="checkbox"/> Oath or Declaration [Total pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statement verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____/____ Prior application information: Examiner _____ Group/Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other:	
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below			
 26648			
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax
NAME (Print/type) James M. Warner		Registration No. (Attorney/Agent) 45,199	
Signature 		Date July 25, 2003	

17613 U.S. P10
10/627357
07/25/03

FEE TRANSMITTAL for FY 2003		Complete if Known	
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Application Number	
Total Amount of Payment (\$) 1650.00		Filing Date	
		First Named Inventor	David W. Robertson
		Examiner Name	
		Art Unit	
		Attorney Docket No.	S0 3585/08

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES																																																																
Deposit Account Number: 19-1025 Deposit Account Name: Pharmacia Corporation																																																																		
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																		
FEE CALCULATION																																																																		
1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td rowspan="5" style="text-align: center; vertical-align: middle;">750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filina fee</td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filina fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>filing fee</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td>750</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee	750	1002	330	2002	165	Design filina fee	1003	520	2003	260	Plant filing fee	1004	750	2004	375	Reissue filina fee	1005	160	2005	80	filing fee	SUBTOTAL (1)					750																							
Large Entity		Small Entity		Fee Description	Fee Paid																																																													
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																															
1001	750	2001	375	Utility filing fee	750																																																													
1002	330	2002	165	Design filina fee																																																														
1003	520	2003	260	Plant filing fee																																																														
1004	750	2004	375	Reissue filina fee																																																														
1005	160	2005	80	filing fee																																																														
SUBTOTAL (1)					750																																																													
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>70</td> <td>-20**=</td> <td>50</td> <td>x 18</td> <td>= 900</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3**=</td> <td>0</td> <td>x 0</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$)1650.00</td> </tr> </tbody> </table>					Extra Claims	Fee from below	Fee Paid	Total Claims	70	-20**=	50	x 18	= 900	Independent Claims	3	-3**=	0	x 0	= 0	Multiple Dependent					=	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	**Reissue independent claims over original patent	1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)				(\$) 1650.00		
			Extra Claims	Fee from below	Fee Paid																																																													
Total Claims	70	-20**=	50	x 18	= 900																																																													
Independent Claims	3	-3**=	0	x 0	= 0																																																													
Multiple Dependent					=																																																													
Large Entity		Small Entity		Fee Description																																																														
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																															
1202	18	2202	9	Claims in excess of 20																																																														
1201	84	2201	42	Independent claims in excess of 3																																																														
1203	280	2203	140	Multiple dependent claim, if not paid																																																														
1204	84	2204	42	**Reissue independent claims over original patent																																																														
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																														
SUBTOTAL (2)				(\$) 1650.00																																																														

SUBMITTED BY		Complete (if Applicable)	
Name (Printed/Type)	James M. Warner	Reg. Number	45,199
Signature		Telephone	314-274-3642
Date	July 25, 2003		

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **David W. Robertson**

Docket No.

S0 3585/08

Serial No.

TBA

Filing Date

TBA

Examiner

TBA

Group Art Unit

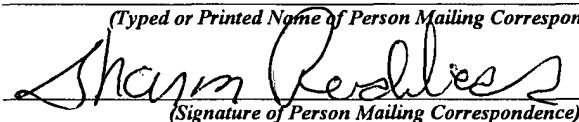
TBA

Invention: **AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF ALZHEIMER'S DISEASE**

I hereby certify that the following correspondence:

Application Data Sheet (1); Utility Application Transmittal (1); Fee Transmittal-duplicate (2); Specification (165);
Return post card*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450 on

July 25, 2003
(Date)**Sharon Rudebeck***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV325048550US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**